



INDIANA DEPARTMENT OF CORRECTION

Application for Visiting Privileges

State Form 14387 (R2/7-08)

INSTRUCTIONS – 1. Please Print 2. All spaces must be completed 3. Sign the application 4. Return application to the offender's counselor as indicated at the bottom of this document 5. Do not attempt to visit until the offender notifies you that your application was approved 6. Submit legible copy of photo ID (16 & older) 7. Children 15 & under must submit a legible copy of their birth certificate. 8. A separate application must be submitted for each applicant, including children.

Offender Information	Offender Name:	DOC Number
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The above named offender has requested that you be added to his/her list of approved visitors. In order for this to be done, you must follow the directions above and YOU (or parent/guardian) must properly complete this application and return it to the facility to the attention of the counselor of the offender's housing unit (do not return it to the offender). If you are approved to visit, it will be the offender's responsibility to notify you and then send to you a copy of the rules for visitation. We DO NOT give out this information by telephone.

Applicant's Name: Last, First, Middle	Current Address (Must match ID Used)	
Driver's License Number & State of Issue #: State:	State ID No. & State of Issue or other approved ID No./Type #: State: Type:	Race
Date of Birth (MM/DD/YYYY):	Telephone Number with area code:	
Are you related to this offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If related, how (must be immediate family)?	

Immediate family limited to mother, father, siblings, spouse, children, grandparents, grandchildren, including those with "step", "half", or adoptive relationships, aunt, uncle and those persons with the same relationship to the offender's spouse. Immediate family and 2 friends, up to a maximum of 12 persons will be allowed on the offender's contact list.

Applicant under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Are you on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have any pending charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been incarcerated in a penal facility in any state or any country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list where and why here. Where: _____ Why: _____ (Attach additional sheet if necessary)	

If the response to any question above marked (*) is "yes", you must submit a special request for visitation privileges to the Superintendent of the appropriate facility. If you are on parole/probation, you must also submit written approval from your Parole/Probation Officer.

Are you currently or formerly an employee of the Indiana Department of Correction or any Correctional facility in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give the location and the last date of employment: Location: _____ Last Date Employment: _____	
Are you on any other offender's visiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Relationship: _____ Offender DOC#: _____ Name: _____	Are you now or have you ever been a volunteer at an IN correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes": Facility: _____ Volunteer Type: _____

ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION FOR VISITATION PRIVILEGES WILL RESULT IN IMMEDIATE SUSPENSION OF VISITATION PRIVILEGES AT ALL INDIANA DEPARTMENT OF CORRECTION FACILITIES.

By your signature below you are indicating that:

- You have read, understand and agree to abide by all rules set forth by the Department of Correction in order to visit any offender at any Department facility.
- You understand that you, your property and your vehicle while on Department of Correction grounds are subject to search, including frisk searches and the use of metal detectors, ion scanning equipment and/or search dogs. You WILL be searched before being allowed to enter the visiting area. Refusal to submit to a search will result in you not being allowed to visit and you will be required to leave the facility immediately. Such refusal may restrict your ability to visit any offender in any Department of Correction facility.
- You understand that a criminal warrants check will be performed on you before you are allowed to visit
- You understand that possession of any firearms, weapons, knives, ammunition, narcotics, controlled substances, alcoholic beverages, marijuana, tobacco or tobacco related items or electronic devices, including cellular telephones, pagers or other communication devices is strictly prohibited. Medication and money/currency may only be possessed in accordance with Department rules.
- You understand that visits are monitored and videotaped.
- You certify that all of the information provided on this application is true, correct and as up to date as possible to the best of your knowledge and that you will notify the facility of any changes of address, telephone number, etc..

Applicant's Signature:	Date (MM/DD/YYYY):	
Signature of Parent/ Legal Guardian (if under 18):	Date (MM/DD/YYYY):	
FOR OFFICE USE ONLY	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of reviewing authority (Legible please):
Return To:	Facility Name & Address:	Attention Counselor of Housing Unit



BACKGROUND INVESTIGATION

INDIANA DEPARTMENT OF CORRECTION

SOUTH BEND JUVENILE CORRECTIONAL FACILITY

Facility/Parole District/Central Office

OFFENDER VISITATION REQUEST

Reason For Background Investigation

Student Name and DOC Number

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **PRINT** clearly and fill in with the correct information.

Last Name	First	Middle	Maiden
Street Address	City	State	Zip Code
Address last five years	City	State	Zip Code
Date of Birth	State of Birth		Driver License Number
State of Driver License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction yes____or no____ If yes, explain on back
Last Employer	Address	City	State

Signature of Applicant

Authorization Signature

NOTE: It is **YOUR** responsibility to make enough copies of this form for each person requesting visitation. **All persons 16 or over must complete and sign this form** and return to attn: Sue Gleva, Treatment Department Manager before approval of visitation can be made.

Facility Use ONLY		Approved		Denied
	Date:		Initials:	

PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING



AUTHORIZATION FOR MINOR CHILD TO VISIT

State Form 48965 (6-98)

TO: SUPERINTENDENT

FACILITY: South Bend Juvenile Correctional Facility

OFFENDER: _____ NUMBER: _____

NAME OF MINOR CHILD(REN) AND AGE

This document authorizes that the above-named child(ren) is (are) authorized to visit the above-named offender who is related to them as _____. As the parent/legal guardian of this/these child(ren),

I hereby authorize the child(ren) to accompany the following person during this visit: _____

(Relationship) _____.

I am fully aware that the above-named offender is housed in a correctional facility and that any visits will occur within the correctional facility and in accordance with the facility's offender visitation procedures.

Signature of Parent/Legal Guardian

Date

Printed name of Parent/Legal Guardian

Before me, a Notary Public, in and for said County and State personally appeared, _____,

who acknowledged the truth of the statements in the foregoing affidavit on this _____ day of _____, 20_____.

Signature of Notary Public

County of residence

Printed name of Notary Public

Commission expiration date

**INDIANA DEPARTMENT OF CORRECTION
JUVENILE SERVICES DIVISION**

PARENT/LEGAL GUARDIAN EXPECTATIONS

Parent/Legal Guardian Name: _____

Student Name: _____ **DOC #:** _____

As a parent/legal guardian of a student at this facility, your interest and involvement in his program is very valuable. The following information explains what will be expected of you while your son resides at this facility. Your initials in the spaces provided below indicate your understanding of each provision.

COMMUNICATION

_____ You are expected to keep your son's primary service provider and field agent updated about any changes in the home (ex: change of address, marriage, divorce, arrests, change of employment, change in residents living in the home, etc.).

_____ You are expected to maintain contact with your son while he is residing at this facility (phone calls, visits, mail).

_____ You are expected to communicate openly and honestly with the staff of this facility, the field agents, and community service providers regarding any issues related to your son.

_____ You should expect notification from the facility if there are any significant changes in your son's program such as transfer to another facility, medical emergency, etc.

_____ You are expected to assist the field agent in completing the Home Evaluation and Placement Confirmation.

VISITATION

_____ You are expected to know and follow all rules of visitation.

_____ You are encouraged to visit on a regular basis.

_____ You are expected to arrive on time for visitation.

_____ You are expected to complete and have notarized the *Authorization For Minor Child To Visit* form (if child is brought to this facility by someone other than the child's legal guardian)

_____ You are expected to complete and sign the *Application for Visiting Privileges* form for each person requesting visitation (including guardian(s) and minor(s))

_____ You are expected to complete and have signed the *Background Investigation* form for all persons 16 or over requesting visitation and return to your son's assigned counselor.

_____ You are expected to be aware of the trafficking rules that apply to this facility and you are expected to follow those rules.

_____ You are expected to present a valid identification (address must match address on file) **each** time you visit. This includes Birth Certificates or photo ID for visitors under 16 years of age.

_____ If there has been a change in address, you are expected to obtain a valid Identification which shows the current address on file.

TREATMENT

_____ You are invited and encouraged to attend designated treatment team meetings related to your son.

_____ You are expected to attend and participate in counseling, if recommended by the treatment team or field agent.

_____ You are expected to positively support and encourage your son in completing his treatment program.

_____ You are expected to be aware of the components of the Comprehensive Case Management System (CCMS) and the requirements that will be placed on your son to earn release.

_____ If your son's length of stay is indeterminate, you are expected to understand that he will be released only when he has met the requirements of the IGP/ITP, (if applicable).

TEMPORARY LEAVES (if applicable)

_____ You are expected to know and follow the rules of temporary leaves.

_____ You are expected to ensure that your son follows the temporary leave rules.

_____ You are expected to assist your son in completing his goals for the temporary leave.

_____ You are expected to assist your son in preparing for his release.

_____ You are expected to be on time when picking up and returning your son for the temporary leave.

_____ You are expected to ensure that there is no criminal activity or illegal substance use in the home while your son is on temporary leave.

_____ You are expected to be aware that even while your son is on a temporary leave, he is still a ward of the State and will be held accountable for his actions while on temporary leave.

RELEASE

_____ You are expected to ensure that your son follows the rules of his release and report any rule violations.

- _____ You are expected to ensure that your son actively participates in any programs he is assigned to as a part of release.
- _____ You are expected to participate in any release programs as recommended by the primary service provider, field agent or community service provider.
- _____ You are expected to positively support your son in his achievement of release expectations.
- _____ You are expected to ensure that there is no criminal activity or illegal substance use in the home once your son has been released.
- _____ It is the guardians responsibility to pick up their son at this facility upon release.

By initialing by each of your expectations, you are indicating your understanding of that expectation. If you do not understand an expectation, please feel free to contact your son's counselor. You agree to abide by these expectations and understand that by not cooperating you could jeopardize the placement of your son in your home.

Parent/Legal Guardian Signature

Date

Witness Signature

Date

SBJCF Rules, Policies, and Guidelines

VISITATION POLICY (Revised 06-09)

The South Bend Juvenile Correctional Facility is a semi-community based correctional facility. If feasible, our goal is that a student returns to the care of his parent(s) or guardian(s) upon release from this facility. In order to reach this goal, it is necessary for parents to recognize and accept certain responsibilities that they must carry out if the student's adjustment to this program and eventual homecoming is to be successful.

The student who is the most successful in this program and who has the best chance for a successful re-entry into the home is the student who is able to maintain positive family ties while at the facility. This is, of course, a two-way street. The parents must provide the student with the opportunity to do this.

The facility's visitation policy is designed for this purpose. Visitation allows the family to be aware of any positive changes the student makes while at the facility. This continued contact also makes the transition from the facility to the home much easier. As a result of this contact, the student and his family are able to maintain and often improve their relationship.

VISITATION RULES

Visitation with offenders committed to the Indiana Department of Correction is a privilege. Visitation may be restricted, denied or suspended if an offender and/or visitor does not follow the Department's visitation rules.

1. **VISITORS LIST:** In order to visit an offender, the visitor must be on the offender's pre-approved visitors' list. Visitors are limited to family members such as mother, father, brother, sister, grandparents, aunts, uncles, and legal guardians including those with a "step" or "half" or adoptive relationship. Visitors shall be permitted to visit only one (1) offender within the Department unless the visitor has other immediate family members incarcerated in a Department facility. Therefore, unless the visitor has other immediate family members in different facilities, the visitor shall not be allowed to visit other offenders in other Department facilities.

The following forms must be completed and returned to the student's counselor for approval of visitation and entered on the approved Visitor's List:

PERSONS 16 OR OVER:

- Application for Visiting Privileges
- Background Check form
- Valid picture ID (address on ID must match address on Application for Visiting Privileges form and Background Check form)

PERSONS UNDER 16

- Application for Visiting Privileges
- Copy of Birth Certificate
- Authorization for Minor Child to Visit (**ONLY** if child is brought to this facility by someone other than the child's legal guardian)

2. **LIABILITY:** Visitors enter Department facilities and the visiting areas at their own risk. The Department of Correction will assume no liability for any injuries or damage or loss of property as a result of a person entering a visiting area or any other area within a facility.
3. **SEARCHES:** All visitors entering a Department of Correction facility shall be minimally subject to a frisk search by staff which shall include the breast and groin area being physically searched. With the visitor's consent, this search may be conducted by staff of either gender. Additionally, visitors entering visiting areas shall be subject to additional searches using metal detectors and ion scanning equipment. Specially trained searched dogs (K-9s) may be used as a part of the search process both prior to a visitor entering the visiting area and in the actual visiting room during visits. Any person refusing to be searched at any time shall not be permitted to enter the facility and a visit may be terminated if a visitor refuses to be searched or contraband or prohibited property are found on the

visitor or in the visitor's property. If a visitor does not wish to be searched either by hand or by using other means, the visitor should not attempt to enter a Department of Correction facility.

4. **REGISTRATION:** Visitors must register with staff prior to entering the visiting area. Visitors will be required to sign the entry log and be approved for the visit before they will be allowed to enter the visiting area.
5. **IDENTIFICATION:** All visitors who are 16 years old or more shall be required to show a picture identification. All visitors (including minors) must present valid identification each time they visit. If there has been a change in address, the visitor must obtain a valid identification which shows the current address on file. If the address on the valid Identification does not match the address on file, the visitation will be denied. The only forms of identification accepted by the DOC are:
 - a valid driver's license from the state of residence
 - a valid state photo identification card from the state of residence
 - a valid photo military identification card (active duty only)
 - a valid passport.
6. **CHILDREN:** Visitors under the age of 18 years of age must be accompanied by their parent or legal guardian at all times while on facility grounds. Children shall not be left alone at any time while on facility grounds. Parents or legal guardians shall be responsible for the behavior of their children and a visit may be ended if the children become disruptive.
7. **DRESS STANDARDS:** Visitors shall wear clothing that poses no threat to the security, custody or maintenance of order at the facility. The following standards are to be met:
 - Undergarments must be worn at all times.
 - Shoes must be worn, except for infants who are carried.
 - Tight fitting, such as stirrup, lycra pants, or leggings, shall not be worn.
 - Dresses, skirts, or shorts must be no shorter than two (2) inches above the knee and not have deep slits.
 - Halter or tank tops, tube tops, sheer, see-through, or low-cut clothing is not permitted.
 - All visitors must wear a shirt/blouse with sleeves.
 - No jewelry, except a wedding band or set, may be worn in the visitation area.
 - Hats or other head coverings are not permitted, except as required by religious beliefs.
 - No heavy coats or sweaters will be permitted in the visiting area.
8. **ITEMS NOT PERMITTED:** Visitors shall not be permitted to possess or carry the following items into the visiting area: Firearms, weapons, knives, ammunition, narcotics, medication (unless the medication is life-saving or life-sustaining, such as nitroglycerin pills, oxygen bottles, bee sting kits, inhalers, etc), controlled substances, alcoholic beverages, marijuana, tobacco and tobacco related items, cameras, video and audio recording equipment and electronic devices, including, but not limited to: cameras, cellular telephones, pagers, blackberries, radios, tape recorders, etc. Visitors may not carry anything into the visiting areas except on (1) clear, plastic baby bottle and/or pacifier and one (1) diaper. **If life-saving or life-sustaining medication is brought to the facility, the visitor must advise the staff at the visiting desk that they are carrying such medications.**
9. **MONEY:** Student may receive \$20.00 per day worth of vending machine products from his visitors. You will be required to report the dollar amount that you are spending for the student to assure that the student is not receiving more than the allotted amount.
10. **CONTACT BETWEEN OFFENDERS AND VISITORS:** Offenders who have "contact" visits may embrace (hug) and kiss at the beginning and at the end of the visit. During the visit, the only contact permitted is holding hands. Small children may be permitted to sit on the lap of the visitor or offender. Any improper contact between an offender and visitor shall be grounds for stopping the visit immediately and possible restrictions on the visitor's ability to visit the offender. Socialization with other visitors and/or students is prohibited. You are not to talk from table to table to other visitors or students. If you would like to socialize with other visitors, it must be done outside of the visiting room. Restroom breaks may be authorized, however, visitors will be subject to the entire search process.
11. **TRAFFICKING:** The giving or receiving of any item(s) to/from an offender without the prior approval of staff shall be considered trafficking. Visitors caught trafficking with offenders shall be subject to arrest and criminal prosecution and the permanent denial of visits with any offender under the jurisdiction of the Department of Correction. The only exception to this rule is that a visitor may purchase soft drinks or snacks from the vending machines in the visiting area and share them with the offender. The offender shall not be permitted to take anything out of the visiting area when the visit is finished.

12. **VISITING HOURS:** Saturday, Sunday, and/or *State holidays. Your choices of times are 8:00 a.m. – 11:00 a.m. and 1:00 p.m. – 4:00 p.m.
13. **DIRECTIONS:** If you plan to drive to the facility where the offender is housed, you may telephone the facility for the driving directions or you may check the Internet site for the Indiana Department of Correction (www.in.gov/idoc) and find the directions under the name of the facility you wish to visit.
14. **TERMINATION OF VISITS:** The Superintendent of the facility or staff designated by the Superintendent may terminate a visit at any time if they believe that ending the visit is in the best interests of the safety and security of the facility or the persons involved.
15. **SUSPENSION OF VISITING PRIVILEGES:** The Superintendent of the facility may temporarily or permanently suspend a person's visiting privileges for violation of these rules, violation of Department of Correction or facility procedures, or if it is in the best interests of the safety and security of the facility or persons involved. Visitors shall be notified in writing of any suspension of visiting privileges and shall be permitted to appeal the suspension to the appropriate Executive Director of Juvenile Services.

TEMPORARY LEAVE PASSES – REENTRY PHASE

Once the student has completed all program levels (Growth Phase I – IV) and approved by the Administrative Review Committee to the Reentry Phase, and a pre-placement investigation approval from the SPAYSTS is received, the student could be eligible for Temporary Leave (off-ground) passes. Temporary Leave passes are a privilege and can be removed by the Superintendent or designated persons at any time.

If you move during this phase, you must contact the counselor immediately. Another placement investigation at the new address must occur before your son can go on Temporary Leave passes at this residence.

Students may not be transported for home visits by anyone other than parents/legal guardian or specifically approved adults.

A telephone call from the parent/guardian to the counselor is required weekly **before 3:00 p.m. on Thursday** to make arrangements for off-ground visitations.

Students are required to obey all the stipulations listed on their temporary leave agreement.

Students are expected to remain under the direct supervision of their parent/guardian for the duration of the visit. Parents/guardian must have knowledge of their son's whereabouts at all times.

Students must adhere to a curfew of 9:00 p.m. – 7:00 a.m. while visiting their home.

It is the student's responsibility to ensure that he returns to the facility on time. Weather, vehicle and road conditions must be taken into account by each student to ensure that he returns on time.

Before a student is allowed an overnight home visit, a working telephone must be installed in your home and a telephone bill showing the correct address and phone number must be received by the student's counselor.

Students are not allowed to smoke or possess any tobacco products during their assignment to the South Bend Juvenile Correctional Facility.

Facility staff will make calls to your home during temporary leaves to ensure that your son is abiding by curfew restrictions.

GENERAL MAIL GUIDELINES

All written correspondence shall have proper postage, a complete return address in upper left-hand corner, student's name and DOC number included in the address. Additionally, correspondence shall not be written in codes or include symbols. All correspondence is subject to search for inappropriate materials/content. For additional mail options, please see JPay listed on the next page.

TELEPHONE GUIDELINES

The number and length of telephone calls students may make is limited. Unless it is a verified emergency, all student telephone calls are collect. Students may not possess any calling cards or charge calls to credit cards. To set-up phone accounts, contact Correctional Billing Services at 1-888-241-1290, for Cell Phone set-up phone accounts call Securus Tech at 1-800-844-6591

COMMISSARY GUIDELINES

The facility has established a personal funds account for your son. We request that you, other family members, and friends send funds for your son to purchase from the facility's Commissary to the address listed below. Funds sent may not exceed \$50.00. Any monies received for deposit in this account **must be sent by mail** in the form of a **Postal Money order** only. **Funds may not be given to the student or staff members at visitation, and they may not be dropped off to the facility. Cash/personal checks/other types of money orders will not be accepted.** Funds will be returned to sender if the procedure is not done correctly. During your son's stay at South Bend Juvenile Correctional Facility, your son will be required to purchase his approved personal property and hygiene items from the Facility's Commissary. **Therefore, you may not send or bring personal property for your son.**

In order to expedite the posting to your son's account, please address the envelope exactly as listed below. Enclose with the money order. All correspondence for the student should be sent to the South Bend Juvenile address:

Remit postal money orders to:

Miami Correctional Facility
Attn: Business Office/Trust Fund
3038 West 850 South
Bunker Hill, Indiana 46914

Please inform all friends and relatives of these commissary guidelines if they are planning to send funds to your son. For additional trust fund options, please see JPay listed on the next page.

JPAY

The Trusted Leader in inmate services

About Us – JPay – We try to make life easier for you.

If you have friends or loved ones who are inmates; JPay is the fastest way to put money into an inmate's trust account with the money generally credited by the following morning – sometimes sooner. To send money, friends and family can use a credit or a debit card. To learn more about a particular state's details, sign up for a free account. You will need the offender's name and identification information. No credit card information is needed to sign up.

Trust Account Payments – JPay is the fastest way for an inmate's loved one to send money to an inmate. With JPay, the money is generally credited to the inmate's account by the following morning.

To see if JPay is available to your inmate, simply go through the steps to register. You will first be asked for the inmate name and number. If it matches our database you will be able to proceed.

For more information about a particular state's timing schedule or service fees, please sign up for a free account.

Electronic Inmate Mail – JPay mail is the fastest way to send a letter to an inmate. First you type your letter using the JPay website. Then your letter is printed in the mail room and delivered to the inmate. Letters are generally delivered to an inmate within 24 working hours, sometimes sooner.

This new service is only available in certain states. If you don't see a mail option once you log in, then your inmates are currently unable to receive JPay Mail.

JPay also knows where an inmate is housed at all times. If an inmate is transferred between housing units or between facilities, the JPay Mail System will know.

How Does this Work?

Go to www.jpay.com to purchase electronic postage and write your letter online. The letter is then delivered to the JPay facility interface which is downloaded to the facility mailroom. Mailroom staff will review and print mail daily. All approved letters will be delivered to the inmate within 24 working hours of approval.

Help Desk

Email support@jpay.com or call 800-574-5729: available 24-7.

Learn More about JPay Security

The security of your personal and payment information is our number one priority. With the industry's most-advanced encryption and fraud prevention, JPay is dedicated to keeping your account safe and secure.

JPay automatically encrypts your confidential information in transit from your computer to ours using the Secure Sockets Layer protocol (SSL) with an encryption key length of 128-bits (the highest level commercially available). Before you even register or log in to our site, our server checks that you're using an approved browser – one that uses SSL 3.0 or higher.

Once your information reaches us, it resides on a server that is guarded both physically and electronically. Our servers are located behind an electronic firewall not directly connected to the Internet, so your personal information is heavily protected.

***2010 State Holidays (observed)**

New Year's Day	January 1, 2010
Martin Luther King, Jr. Day	January 18, 2010
Good Friday	April 2, 2010
Primary Election Day	May 4, 2010
Memorial Day	May 31, 2010
Independence Day	July 5, 2010
Labor Day	September 6, 2010
Columbus Day	October 11, 2010
General Election Day	November 2, 2010
Veteran's Day	November 11, 2010
Thanksgiving Day	November 25, 2010
Lincoln's Birthday	November 26, 2010
Washington's Birthday	December 24, 2010
Christmas Day	December 25, 2010